	bal Lands Reporting		FCC Form 481	
Data Col	ection Form		OMB Control No. 3060-0986/OMB Contr	ol No. 3060-0819
		<u> </u>	July 2013	
<010>	Study Area Code	119003		
<015>	Study Area Name	Virgin Mobile USA LP		
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster		
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030> 913-762-6107		
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> andy.m.lancaster@sprint.com		
<910>	Tribal Land(s) on which ETC Serves			
				· · · · · · · · · · · · · · · · · · ·
	Tribal Government Engagement Obligation			
< 9 20>	Tibal dovernment Engagement Obligation			
<920>	Thus Government Engagement Obligation	Name of Attached Documen	t (.pdf)	
<920>		Name of Attached Documen	t (.pdf)	
<920>	If your company serves Tribal lands, please select (Yes,No, NA) for	Name of Attached Documen	t (.pdf)	
<920>		Name of Attached Documen	t (.pdf)	
<920>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal	Name of Attached Documen	t (.pdf)	
<920>	If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached	· · · · · · · · · · · · · · · · · · ·	t (.pdf)	
<920>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal	Select	t (.pdf)	
<920>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal	Select (Yes,No,	t (.pdf)	
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select	t (.pdf)	
<920>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal	Select (Yes,No, NA)	t (.pdf)	
<921>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes,No,	t (.pdf)	
<921> <922>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning;	Select (Yes,No, NA)	t (.pdf)	
<921> <922> <923>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	Select (Yes,No, NA)	t (.pdf)	
<921> <922> <923> <924>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	Select (Yes,No, NA)	t (.pdf)	
<921> <922> <923> <924> <925>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	Select (Yes,No, NA)	t (.pdf)	
<921> <922> <923> <924> <925> <926>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	Select (Yes,No, NA)	t (.pdf)	
<921> <922> <923> <924> <925>	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	Select (Yes,No, NA)	t (.pdf)	

A see California See of March	D Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No.: 3060-0986/OMB Control No.: 3060-0819 July 2013
<010>	Study Area Code	119003
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	913-762-6107
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	;	119003	
<015>	Study Area Name	,	Virgin Mobile USA LP	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Andrew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030>	913-762-6107	
<039>	Contact Email Address - Email Address of person identified in data lin	ne <030>	andy.m.lancaster@sprint.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Na	ame of attached document (.pdf)	
<1220>	Link to Public Website	HTTPh	http://www.assurancewireless.com/Pul	olic/TermsandConditions.aspx
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	V		
<1222>	Details on the number of minutes provided as part of the plan,	/		
<1223>	Additional charges for toll calls, and rates for each such plan.	V		

Washington and American	rice Cap Carrier Additional Documentation		FCC-Form 481
Secretary of the second	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013 -
<010>	Study Area Code 119003		
<015>	Study Area Name Virgin M	obile USA LP	
<020>	Program Year 2014		
<030>	Contact Name - Person USAC should contact regarding this data Andrew M	Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line <030> 913-7	62-6107	
<039>	Contact Email Address - Email Address of person identified in data line <030> andy	m.lancaster@sprint.com	
CHECK +	he boxes below to note compliance as a recipient of incremental Connect America Pha	a Leuport frozen High Cost support High Cost support to office	
CHECK	· · · · · · · · · · · · · · · · · · ·	formation reported on this form and in the documents attached	-
	have weath Consent America Phone I was setting		
-20105	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1))		
<2010> <2011>			
<2011>	510 fear Certification (47 Crk & 54.515(D)(2))		L
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	,		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	, .,		
<2017>			
<2019>	•		
<2010>	5		
120207	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient		
	of CAF Phase II support shall provide the number, names, and addresses of		
	community anchor institutions to which began providing access to broadband		
	service in the preceding calendar year.		
· <2021>	· · · · · · · · · · · · · · · · · · ·	Name of Attached Document Listing Required Information	
.2021		Tame of Attached Societies Storing Required Information	

	ite Of Return Carrier Additional Documentation ection Form		FCC Form 481 OMB Control No: 3060-0986/OMB Control No: 3060-0819 July 2013
<010>	Study Area Code 119003		
<015>	Study Area Code Study Area Name Virgin Mo	obile USA LP	
<020>	Program Year 2014		
<030>	Contact Name - Person USAC should contact regarding this data And	rew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	913-762-6107 andy.m.lancaster@sprint.com	
	he boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(7)(2). I further certify that t		compliance with the financial reporting requirements set forth in 47
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification (47 CFR \S 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) (3013) (3014)	Community Anchor Institutions (47 CFR § 54.313{f}(1){iii}) Is your company a Privately Held ROR Carrier (47 CFR § 54.313{f}(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313{f}(2) compliance requires:	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<u> </u>
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	,	
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2); contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3023)	Borrowers, Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		·
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

X 25 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6	tion - Reporting Card lection Form	ler	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010>	Study Area Code	119003			
<015>	Study Area Name	Virgin Mobile USA LP			
<020>	Program Year	2014			
<030>	Contact Name - Pers	on USAC should contact regarding this data Andrew M. Lancaster			
<035>	> Contact Telephone Number - Number of person identified in data line <030> 913 - 762 - 6107				
<039>	Contact Fmail Addre	ss - Email Address of person identified in data line <030> andy.m.lancaster@sp	print.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Virgin Mobile USA LP					
Signature of Authorized Officer: CERTIFIED ONLINE		Date 10/10/2013			
Printed name of Authorized Officer: Jay Franklin					
Title or position of Authorized Officer: Assistant Controller					
Telephone number of Authorized Officer: 913 762-6107					
Study Area Code of Reporting Carrier: 119003	Filing Due Date for this form: 10/15/2013				

	Certification - Agent / Carrier Data Collection Form		FCC Form OMB Cont July 2013	481 rrol No. 3060-0986/OMB Control No. 3060-0819
--	---	--	-----------------------------------	---

<010>	Study Area Code	119003			
<015>	Study Area Name	Virgin Mobile USA LP			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC sho	ould contact regarding this data Andrew M. Lancaster			
<035>	Contact Telephone Number - Number of person identified in data line <030> 913 - 762 - 6107				
<039>	Contact Email Address - Email Ad	dress of person identified in data line <030> andy.m.lancaster@sprint.com			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	Authorized to File Annual Reports for CAF or LI Recipier	
	orized to submit the annual reports for universal service support r reporting carrier; and, to the best of my knowledge, the information	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(800)/05	erating Companies			
to the Control of the	ectionForm		and the second	FCGForm 48:1 OMBIGONTOINO 3060-0986/OMBIGONTOINO 3060-0819
Datascon	eccioniform	180		July 2013 Page 1
ST. 25, 4-25, 200 A		The section of the se		en e
<010>	Study Area Code	119003		
<015>	Study Area Name	Virgin Mobile US	A LP	
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lanca	ster	
<035>	Contact Telephone Number - Number of person identified in data line <030	0> 913-762-6107		
<039>	Contact Email Address - Email Address of person identified in data line <03	0> andy.m.lancas	ter@sprint.com	
	Virgin Mobile USA LP			
<810>	Reporting Carrier			
<811>	noiding Company			
<812>	Operating Company			
. 4		Magazara (1906) da kara a mada kara (1906) da kara	The same and the same state of the same same same same same same same sam	
<813>	<a13< th=""><th>and the second</th><th><a2>;</a2></th><th><a3>></a3></th></a13<>	and the second	<a2>;</a2>	 <a3>></a3>
	Affiliates		SAC .	Doing Business As Company or Brand Designation
	Virgin Mobile USA LP		119003	Assurance Wireless
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	and the second of the second o			
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	m 481 - Carrier Annual Reporting Illection Form	FCC Form OMB Con July 2013	itrol No. 3060-0986/OMB Contr	ol No.:3060-0819
<010>	Study Area Code	129005	And the Control of th	Carried State
<015>	Study Area Name	Virgin Mobile USA LP		
<020>	Program Year	2014	· · · · · · · · · · · · · · · · · · ·	
<030>	Contact Name: Person USAC should contact with questions about this data	Andrew M. Lancaster	 	
<035>	Contact Telephone Number: Number of the person identified in data line <030	913-762-6107 >		: · · · · · · · · · · · · · · · · · · ·
<039>	Contact Email Address: Email of the person identified in data line <030>	andy.m.lancaster@sprint.com		
ANNUA	LREPORTING FOR ALL CARRIERS		54313 Completio	Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	(check box	when complete)
<200> <210>	Outage Reporting (voice)	(complete attached worksheet) no outages to report	•	
<300> <310> <320> <330>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	(attach descriptive document)		
<400> <410> <420> <430> <430> <440> <440>	Number of Complaints per 1,000 customers (voice Fixed Mobile 0.1246 Number of Complaints per 1,000 customers (broa Fixed Mobile			
<900> <1000> <1010> <1100> <1110>	Service Quality Standards & Consumer Protection [129005nh510] Functionality in Emergency Situations [129005nh610] Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	Rules Compliance (check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)		
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Addition</u> . Including Rate-of-Return Carriers affiliated with Pri			
<3000> <3005>	Rate of Return Carriers, Proceed to <u>ROR Addition</u>	al Documentation Worksheet (check to indicate certification) (complete attached worksheet)		

Committee of the contract	rvice Quality Improvement Reporting Ilection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Contro July 2013	ol No. 3060-0819
<010>	Study Area Code			
<015>	Study Area Name Virgin Mobile	USA LP		<u> </u>
<020>	Program Year 2014			42 - 15 3 - 15
<030>	Contact Name - Person USAC should contact regarding this data Andrew	M. Lancaster		
<035>	Contact Telephone Number - Number of person identified in data line <030> 913-7	62-6107		
<039>	Contact Email Address - Email Address of person identified in data line <030> andy	m.lancaster@sprint.com	- Company of the Comp	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O C)	i i i i i i i i i i i i i i i i i i i
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		,	
<111>	year plan" filed with the FCC?	(yes / no) U		<u></u>
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.			
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your compoEETC which only receives frozen support, your progress report is only	any is a		
	required to address voice telephony service.			
		Name of At	tached Document (.pdf)	
	Please check these boxes below to confirm that the attached PDF, on line	Name of At	tathed bottoment (.pdf)	
	112, contains a progress report on its five-year service quality improvement			
	plan pursuant to § 54.202(a). The information shall be submitted at the wire			
	center level or census block as appropriate.			
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How (USF) was used to improve service quality			
<116>	How (USF)was used to improve service coverage			
<117>	How (USF) was used to improve service capacity			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			
		····		

(200) Service Outage Reporting (Voice)	FCC Form 481	3
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
[[발생하다] 그렇게 그렇게 뭐하는 이 없다요.	July 2013	

<010>	Study Area Code	129005
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line	e <030> 913-762-6107
<039>	Contact Email Address - Email Address of person identified in data lin	e <030> andy.m.lancaster@sprint.com

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
										100	
						See attache	d				
						rksheet					
								:			
									· · · · · · · · · · · · · · · · · · ·		

10 May 11 19 11	e Offerings including Voice Rate Data lection/Form	#FCC Form'481; OMB Control No 3060-0986/OMB Control No 3060-0819; 5 July 2013;
<010>	Study Area Code	129005
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	913-762-6107
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com
		
<701>	Residential Local Service Charge Effective Date 1/1/2013	
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State</a1>	<a2> Exchange (ILEC)</a2>	<a3></a3>	<b1></b1>	 Kesidential Local Service Rate	 <b3></b3>	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
		,	Articular de la Constantina del Constantina de la Constantina del Constantina de la					
					: :			
·								
							· · · · · · · · · · · · · · · · · · ·	
							· · · · · · · · · · · · · · · · · · ·	
				See att	ached worksheet			
		-					<u></u>	<u> </u>
		<u> </u>					·	
]				
			· · · · · · · · · · · · · · · · · · ·					

<010>	Study Area Code	129005
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <	030> 913-762-6107
<039>	Contact Email Address - Email Address of person identified in data line <	030> andy.m.lancaster@sprint.com

<711>

<a1></a1>		•	 <b2> State Regulated Fees</b2>	<c></c>	Broadband Service - Download Speed	Broadband Service -	Usage Allowance	<d4> Usage Allowance Action Taken When</d4>
State	Exchange (ILEC)	Residential Rate	rees	Total Rate and Fees	(Mbps)	Upload Speed (Mbps)	(GB)	Limit Reached (select)
				5				
							 	
			e attached			A		
		work	sheet				en des des la compa	
		-						
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	<u> </u>							
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	erating Companies lection Form		FCC For DMB Co SJuly 201	m 481. introl ⁱ No.: 3060-0986; 3	/OMB Control No. 3060-08	19.
<010>	Study Area Code	129005				Constitution of the
<015>	Study Area Name	Virgin Mobile USA LP			•	
<020>	Program Year	 2014				

<039>	Contact Email Address	Email Address of person identified in data line <030> andy.m.lancaster@sprint.com	
<810>	Reporting Carrier	Virgin Mobile USA LP	
<811>	Holding Company	Sprint Corporation	
<812>	Operating Company		

Andrew M. Lancaster

<030>

<035>

Contact Name - Person USAC should contact regarding this data

Contact Telephone Number - Number of person identified in data line <030> 913-762-6107

Affiliates	SAC	Doing Business As Company or Brand Designation
Se	ee attached worksheet	

(900) Tril	oal Lands Reporting		FCC:Form 481
57 X Synch Car Trade (6.15) 52	ection Form	en e	OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
-010	Co. d. Avec Code	129005	
<010>	Study Area Code		
<015> <020>	Study Area Name Program Year	Virgin Mobile USA LP	
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line	and the state of t	<u>and the state of </u>
<039>	Contact Email Address - Email Address of person identified in data lin		
- 10337	Contact Entitle Address Entitle Address of person desirate in date in		
<910>	Tribal Land(s) on which ETC Serves		
	·		
<920>	Tribal Government Engagement Obligation		
13202	Thear dovernment engagement obligation	Name of Attached Document (.pd	f)
		(,p	
	If your company serves Tribal lands, please select (Yes,No, NA) for		
	each these boxes to confirm the status described on the attached		
	PDF, on line 920, demonstrates coordination with the Tribal		
	government pursuant to § 54.313(a)(9) includes:		
		Select	
		(Yes,No,	
		NA)	
<921>	Needs assessment and deployment planning with a focus on Tribal		
	community anchor institutions;		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		•
			Change with the control of the contr

I Samuel March 1997	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 -OMB Control No.: 3060-0986/OMB Control No.:3060-0819: July 2013
<010>	Study Area Code	129005
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	913-762-6107
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

(1200) Te	rms and Condition for Lifeline Customers			FCC Form 481	and the second s
Lifeline					9986/OMB Control No. 3060-0819
Data Cóll	ection Form			July 2013	
AND THE RESERVE AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	·				
<010>	Study Area Code	1	129005		
<015>	Study Area Name	V	Virgin Mobile USA LP		
<020>	Program Year	2	2014		
<030>	Contact Name - Person USAC should contact regarding this data		Andrew M. Lancaster		
<035>	Contact Telephone Number - Number of person identified in data li	ine <030>	913-762-6107		
<039>	Contact Email Address - Email Address of person identified in data	line <030>	andy.m.lancaster@sprint.com	·	
				w.c	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans				
\1210>	Terms & Conditions of voice relephony Literate Flans	Na	ame of attached document (.pdf)		
		IVa	anie or attached document (.pur)		
<1220>	Link to Public Website	HTTPh	attp://www.assurancewireless.com/Po	ublic/TermsandConditions.aspx	
	"Please check these boxes below to confirm that the attached PDF,				
	on line 1210, or the website listed, on line 1220,				
	contains the required information pursuant to §				
	54.422(a)(2) annual reporting for ETCs receiving low-income				
	support, carriers must annually report:				
<1221>	Information describing the terms and conditions of any voice	1			
	telephony service plans offered to Lifeline subscribers,	U			
				Ž.	
<1222>	Details on the number of minutes provided as part of the plan,				
12227	betails of the number of minutes provided as part of the plan,	اسبنسا			
<1223>	Additional charges for toll calls, and rates for each such plan.			•	

2000) 6	rice Cap Carrier Additional Documentation		
CONTRACTOR OF THE PARTY OF	rice Cap Carrier Additional Documentation		FGGF0rm 481 OMB/Control NO+3060-0986/OMB/Control No; 3060-0819
4 4 4 4 4	Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carrie		July 2013
nervanig	пкотегој-кетит ватањујушитеокуптансексирновија-хопитујевсита	<u> </u>	
<010>	Study Area Code	129005	
<015>	Study Area Name	Virgin Mobile USA LP	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line <03	0> 913-762-6107	
<039>	Contact Email Address - Email Address of person identified in data line <03	<pre>0> andy.m.lancaster@sprint.com</pre>	
	,		
CHECK #	he boxes below to note compliance as a recipient of Incremental Connect A		t to offset access charge reductions, and Connect America Phase II
CITECH L		(d),(e) the information reported on this form and in the documents	
		1-/N-/	
	Incremental Connect America Phase I reporting		· .
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312)	a))	
<2012>	2013 Frozen Support Certification		7
<2013>	2014 Frozen Support Certification		The state of the s
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	···	•	
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	•	
<2016>	Certification Support Used to Build Broadband		
2017	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		<u> </u>
<2018>	5th year Broadband Service Certification		
<2019> <2020>	Interim Progress Certification	11	
<2020>	Please check the box to confirm that the attached PDF, on line 20:	•	
	contains the required information pursuant to § 54.313 (e)(3)(ii), a	•	
	of CAF Phase II support shall provide the number, names, and add		
	community anchor institutions to which began providing access to	DLOADRAUG	
<2021>	service in the preceding calendar year. Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Informa	ation
~2021>	interior Frogress community Anthor institutions	ivame of Attached Document Listing Required Informa	ation

				the state of the s
(3000) Ra	ite Of Return Carrier Additional Documentation		FCC Form 481	
Data Coll	ection Form		OMB Control No. 3060-0	986/OMB Control No. 3060-0819
			July 2013	
		, , , , , , , , , , , , , , , , , , , ,		
<010>	Study Area Code 129005			
<015>		obile USA LP		
<020>	Program Year 2014 Contact Name - Person USAC should contact regarding this data And	irew M. Lancaster		
<035>	Contact Telephone Number - Number of person identified in data line <030>	913-762-6107		
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com		
	he boxes below to note compliance on its five year service quality plan (pursu.			
CHECK		the information reported on this form and in the documents attac		eporting requirements set for the may
	Progress Report on 5 Year Plan			
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Information		
	Please check this box to confirm that the attached PDF, on line 3012,		L	
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a			
(3011)	recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing			
	access to broadband service in the preceding calendar year.			
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	Name of Attached Document Listing Required Information	(Yes/No)	
(3014)	If yes, does your company file the RUS annual report		(Yes/No)	The second secon
,	Please check these boxes to confirm that the attached PDF, on line 3017,		4	
	contains the required information pursuant to § 54.313(f)(2) compliance			
	requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows			
	If the response is yes on line 3014, attach your company's RUS annual			
(3017)	report and all required documentation	Name of Attached Document Listing Required Information		
(3018)	If the response is no on line 3014; Is your company audited?	· · · · · · · · · · · · · · · · · · ·	(Yes/No)	· · · · · · · · · · · · · · · · · · ·
	If the response is yes on line 3018, please check the boxes below to			
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
	Cither and Aberra (dia di Consideration (2) - floresial manufacture			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		L	**************************************
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows			
(3020)			———	
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.			
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),			
	contains:			
	Copy of their financial statement which has been subject to review by an			
(3022)	independent certified public accountant; or 2) a financial report in a			
	format comparable to RUS Operating Report for Telecommunications Borrowers.			
(3023)	Underlying information subjected to a review by an independent certified			
	public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<u> </u>	

	ion - Reporting Carr	ler . FCC Form 481 OMP Control No. 3060-0986/OMB Control No. 3060-0919
Data Col	ection Form	July 2013
<010>	Study Area Code	129005
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2014
<030>	Contact Name - Pers	on USAC should contact regarding this data Andrew M. Lancaster
<035>	Contact Telephone N	lumber - Number of person identified in data line <030> 913 762-6107
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> andy.m.lancaster@sprint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities recipients; and, to the best of my knowledge, the information reported		s for universal servi	ce support
Name of Reporting Carrier: Virgin Mobile USA LP			e de la companya de l
Signature of Authorized Officer: CERTIFIED ONLINE		Date 10/	/10/2013
Printed name of Authorized Officer: Jay Franklin			
Title or position of Authorized Officer: Assistant Controller			1. 1 ₆ .41
Felephone number of Authorized Officer: 913 762 6107			
Study Area Code of Reporting Carrier: 129005	Filing Due Date for this form: 10/15/2013		

Certification - Agent / Carrier Data Collection Form				FCC Form 481 OMB Control No. 3060-0986/ July 2013	OMB Control No. 3060-0819
Others (Contract of Contract o	NAMES AND ASSOCIATION OF THE PROPERTY OF THE P	Colorate Control of Control of the C	Account of American Contract of the Contract of Contra	The American Control of the Control	man department of the second o

<010>	Study Area Code	129005			
<015>	Study Area Name	Virgin Mobile USA LP			
<020>	Program Year	2014			
<030>	Contact Name - Person USA	C should contact regarding this data Andrew M. Lancaster			
<035>	Contact Telephone Number - Number of person identified in data line <030> 913-762-6107				
<039>	Contact Email Address - Ema	ail Address of person identified in data line <030> andy.m.lancaster@sprint.com			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Name of Reporting Carrier: Signature of Authorized Officer: Date: Printed name of Authorized Officer: Title or position of Authorized Officer Telephone number of Authorized Officer Filing Due Date for this form: Study Area Code of Reporting Carrier: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized	to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
	mit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided rier; and, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Fitle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Attachments

1.00 C 10	erating Companies ection Form			FCC Form 481; OMB control No. 3060-0986/OMB Control No. 3060-0819; July 2013
<010>	Study Area Code	129005		
	Study Area Name	Virgin Mobile US	Δ Τ.Ρ	
	Program Year	2014	A 51	
	Contact Name - Person USAC should contact regarding this data	Andrew M. Lanca	ster	
<035>	Contact Telephone Number - Number of person identified in data line <			
	Contact Email Address - Email Address of person identified in data line <		ter@sprint.com	
<811>	Reporting Carrier Holding Company Operating Company			
<813> <u></u>	<a15 Affiliates</a15 		<a2></a2>	Ca3> Doing Business As Company or Brand Designation
_	Virgin Mobile USA LP		129005	Assurance Wireless
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100	m 481 - Carrier Annual Reporting illection Form			CCForm 481 DMB Control No. 3060- uly 2013	0986/OMB Control No : 3	STATE OF THE PARTY
<010>	Study Area Code	139003		: *		
<015>	Study Area Name	Virgin Mobile USA L	>			1
<020>	Program Year	2014	· · · · · · · · · · · · · · · · · · ·			s -
<030>	Contact Name: Person USAC should contact with questions about this data	Andrew M. Lancaster				*
<035>	Contact Telephone Number: Number of the person identified in data line <030	913-762-6107 D>			; 	_a_s_s_s
<039>	Contact Email Address: Email of the person identified in data line <030>	andy.m.lancaster@sp	rint.com	,		4/4
AÑÑUA	LEREPORTING FOR ALL CARRIERS				Completion Co Required (54422 Displation Required
<100>	Service Quality Improvement Reporting		(complete attached work	sheet)	(check box when c	omplete)
<200> <210>	Outage Reporting (voice)	if no outages to report	(complete attached work	sheet)		V
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)		(attach descriptive docu			
<410> <420>	Number of Complaints per 1,000 customers (voice Fixed Mobile 0.1064 Number of Complaints per 1,000 customers (brownian Mobile Mobile Mobile					
<900> <1000> <1010> <1100> <1110>	Service Quality Standards & Consumer Protection 139003ct510 Functionality in Emergency Situations 139003ct610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	(f)	(check to indicate certific (attached descriptive docu (check to indicate certific (attached descriptive docu (complete attached work: (complete attached work: (check to indicate certific (attach descriptive docu, check to indicate certific (complete attached work: (comp	ment) ation) ment) sheet) sheet) sheet) ation) ment) otion)		
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Addition</u> Including Rate-of-Return Carriers affiliated with P	Price Cap Local Exchange (Carriers (check to indicate certific (complete attached work: sheet (check to indicate certific	ihéet) ation)		
<3005>			(complete attached work	sheet)		

1 Carlo	ervice Quality Improvement Reporting ollection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 30 July 2013	060-0819
<010>	Study Area Code	139003		Province Control Contr	en de la granda de la companya de la
<015>	Study Area Name	Virgin Mobile USA	LP		
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this da	ta Andrew M. I	Lancaster		
<035>	Contact Telephone Number - Number of person identified in c	lata line <030> 913-762-6	5107		
<039>	Contact Email Address - Email Address of person identified in	data line <030> andy.m.1	ancaster@sprint.com	:	
<110>	Has your company received its ETC certification from the FCC		(yes / no) O		
<111>	If your answer to Line <110> is yes, do you have an existing §! year plan" filed with the FCC?	54.202(a) "5 	(yes / no)		
<112>	If your answer to Line <111> is yes, then you are required to fi report, on line <112> delineating the status of your company's 54.202(a) "5 year plan" on file with the FCC, as it relates to yo voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subseyour annual progress report filed pursuant to 47 C.F.R. § 54.31 CETC which only receives frozen support, your progress report required to address voice telephony service.	s existing § our provision of equent years, 3(a)(1). If your company i	:		
			Name of Att	ached Document (.pdf)	
	Please check these boxes below to confirm that the attached to 112, contains a progress report on its five-year service quality plan pursuant to § 54.202(a). The information shall be submitted to the submitted of the submitted to the submitted to the submitted of the submitted to the submitted of the submitted	improvement			
<113>	Maps detailing progress towards meeting plan targets				
<114>	Report how much universal service (USF) support was received	d			
<115>	How (USF) was used to improve service quality				
<116>	How (USF)was used to improve service coverage				
<117>	How (USF) was used to improve service capacity				
<118>	Provide an explanation of network improvement targets not n in the prior calendar year.	net .			
				in the second se	

(200) Service Outage Reporting (Voice) Data Collection Form	t en	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 20134

<010>	Study Area Code	139003	
<015>	Study Area Name	Virgin Mobile USA LP	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line	<030> 913-762-6107	
<039>	Contact Email Address - Email Address of person identified in data line	<030> andy.m.lancaster@sprint.com	

<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
						*	Air I					
							-			<u> </u>		
										74		
							See attache	d				
							rksheet	<u> </u>		,		
	<u></u>					VVC	NKSHEEL			· ·		
		Co. Serva							N. 1	Take 1	Appendix to the second of the	Entere Maria
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		2 1										

<010> Stu	udy Area Code	139003	
<015> Stu	udy Area Name	Virgin Mobile USA LP	
<020> Pro	ogram Year	2014	
<030> Coi	ontact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	
<035> Co	ontact Telephone Number - Number of person identified in data line <030>	913-762-6107	
<039> Co	ontact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com	

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	<b3> <b3> State Subscriber Line Charge</b3></b3>	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and F
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			···	See att	ached worksheet			
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<u> </u>	 		<u> </u>	<u> </u>			·	· · · · · · · · · · · · · · · · · · ·
L			<u> </u>	<u> </u>	1			1